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SUBJECT: IMC Syria Satisfied with Programming but Troubled
by Bureaucracy

¶1. (SBU) Summary: On September 4, 2008, RefCoord Frederick and Project Management Specialist Halasa met with International Medical Corps (IMC) Syria Director Hussein Ibrahim in Amman. Ibrahim said he was satisfied with the progress of IMC programming in Syria. Clinics are operational and receiving patients according to plan. Both IMC outreach efforts and Ibrahim's residence permit are in the hands of the Syrian Security Service. End summary.

Programs on Track and on Schedule

¶2. (SBU) Ibrahim said that IMC had three operational clinics, in Saida Zeinab, Barzeh, and Jeramana, in partnership with Syrian Arab Red Crescent (SARC). The clinics provide a full range of primary health care services to all comers; however, Iraqi refugees make up the majority of their clients. The clinics were located near urban refugees, but IMC has noted that Iraqis are leaving areas like Saida Zeinab as real estate becomes more expensive. Ibrahim said the NGO community did not have a good idea of where these refugees are relocating.

¶3. (U) The Saida Zeinab site is close to other health care providers, but the IMC facility is the only one with a dental clinic. At IMC facilities beneficiaries pay 20 Syrian Pounds (SYP) for simple consultations (Note: USD 1=46 SYP). Patients pay additional fees for lab services and prescriptions. Clients with chronic diseases only pay 15 SYP for their drugs. At other facilities serving Iraqis, only registered refugees benefit from reduced prices. In Ministry of Health facilities without UNHCR support, all patients pay the same GOS rate of 125 SYP per consultation.

¶4. (U) In 2008, Catholic Relief Services (CRS) in Syria approached IMC to sign a memorandum of understanding allowing CRS to refer Iraqis from their PRM-funded project to the Syrian Arab Red Crescent (SARC)/IMC jointly administered clinics. Ibrahim explained that IMC accepted patients without referral from any institution in Syria. The CRS agreement would service as a means to monitor where Iraqis are seeking assistance and in what numbers.

Future Programming to target Psychosocial needs

¶5. (U) In 2009, IMC planned to include more Psychosocial programming in the health centers they support, including some sexual and gender-based violence programs. In preparation for that programming, IMC planned to add an Arabic-speaking psychiatrist to its professional staff. They have had problems finding qualified applicants in Syria, and so planned to expand the search to the wider MENA region.

¶6. (SBU) IMC also participated in monthly coordination meetings of PRM-funded projects in Syria, as well as psychosocial coordination meetings chaired by SARC and

health coordination meetings, temporarily chaired by WHO (UNHCR would normally chair the meetings, but has no medical coordinator). Ibrahim said the SARC staff was competent and helpful participants in coordination.

Syrian Bureaucracy Blocks Outreach and Visas

¶17. (SBU) Ibrahim said that he had cancelled all external outreach programs in Syria until further notice as a result of State Security interference with IMC workers in the field. According to Ibrahim, security officers stopped IMC workers during an outreach campaign in August 2008. When Ibrahim approached the SARC for clarification, his contacts refused to become involved in a "security" matter. The unwritten injunction against outreach affected other NGOs as well; The SARC denied the Danish Refugee Council permission to run an out reach program as well. Note: IMC has continued distribution of information within their supported health clinics. End note.

¶18. (SBU) Ibrahim did not seem concerned about the GOS recent denial of his application for a resident permit. IMC has appealed the decision to State Security, and, according to Ibrahim, as long as State Security does not issue a letter to immigration denying the permit, he could continue to live and work in Syria.

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